



# TRANSMITTAL FORM

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<b>TRANSMITTAL FORM</b> (This form is used for all correspondence after initial filing)		Application Number	10/611,656
		Filing Date	June 30, 2003
		First Named Inventor	Mellinger, Phil
		Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	020375-029210US

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard, copies of four (4) cited references
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP	
Signature	Patrick M. Boucher	Reg. No. 44,037
Date	October 6, 2003	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Nicole M. Wartell		
Signature		Date	October 6, 2003

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PATENT  
Attorney Docket No.: 020375-029210US

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OCT 6 2003  
TOWNSEND and TOWNSEND and CREW LLP

Nicole M. Wartell

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Mellinger, Philip T. et al.

Application No.: 10/611,656

Filed: June 30, 2003

For: METHODS AND SYSTEMS FOR  
PERFORMING SECURITY RISK  
ASSESSMENTS OF INTERNET  
MERCHANT ENTITIES

Examiner:

Art Unit:

INFORMATION DISCLOSURE  
STATEMENT UNDER 37 CFR §1.97 and  
§1.98

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:


The references cited on attached form PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no

representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

  
Patrick M. Boucher  
Reg. No. 44,037

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, 8<sup>th</sup> Floor  
San Francisco, California 94111-3834  
Tel: 303-571-4000  
Fax: 303-571-4321  
PMB:nmb  
60053864 v1

Substitute for form 1449B/PPTO

**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet

1

of

1

**Complete if Known**

Application Number	10/611,656
Filing Date	June 30, 2003
First Named Inventor	Mellinger, Phil
Art Unit	
Examiner Name	
Attorney Docket Number	020375-029210US

**NON PATENT LITERATURE DOCUMENTS**

Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	C1	American Express, <i>American Express Data Security Standards: Section 1 General Standards</i> , © 1995-2002, at < <a href="http://home5.americanexpress.com/merchant/resources/fraudprevention/datasecurity_standards1.asp">http://home5.americanexpress.com/merchant/resources/fraudprevention/datasecurity_standards1.asp</a> > (last visited 06/23/03)	
	C2	American Express, <i>American Express Data Security Standards: Section 2 Additional Standards for Online Transactions</i> , © 1995-2002, at < <a href="http://home5.americanexpress.com/merchant/resources/fraudprevention/datasecurity_standards2.asp">http://home5.americanexpress.com/merchant/resources/fraudprevention/datasecurity_standards2.asp</a> > (last visited 06/23/03)	
	C3	MasterCard International Incorporated, Manual: <i>Electronic Commerce Security Architecture Best Practices</i> , April 2003.	
	C4	Visa USA, <i>Visa Cardholder Information Security Program</i> , © 2003, at < <a href="http://www.usa.visa.com/business/merchants/cisp_index.html">http://www.usa.visa.com/business/merchants/cisp_index.html</a> > (last visited 06/23/03)	

Examiner  
Signature

/Syed Zia/

Date  
Considered

12/23/2008

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.